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F 241 \$S=D	investigation of cor #32516 conducted Care of Red Bank, relation to the comp 482.13, Requireme 483.15(a) DIGNITY INDIVIDUALITY The facility must promanner and in an elegant res	fication survey and inplaints #33765, #32853, and on May 19-21, 2014, at Life no deficiencies were cited in plaints under 42 CFR PART ents for Long Term Care. AND RESPECT OF comote care for residents in a invironment that maintains or ident's dignity and respect in s or her individuality.	F 000	However, the submission of this propertion is not an admission that deficiency exists or that one was a correctly. This Plan of Correction submitted to meet requirements established by state and federal la F241 1. The dietary manager, asked resident immediately, if she the clothing protector. 2. All other residents in the director were asked by the nur	chan of the cited is ws. the wanted ning raing	
f f r	oy: Based on observat failed to maintain dig resident (#9) of thirt main dining room.	IT is not met as evidenced on and interview, the facility prity during dining for one seen residents observed in the		staff if they would like a clot protector. 3. An educational in-service represent and dignity will be puto the nursing staff by the numanagement team on 6/2/1 nursing management team v	garding rovided ursing 4. The	
tt who the state of the state o	re main dining room /aiting on lunch to be ad clothing protector ne dining room and ne resident, while spectors the room, and rotector on resident esident #9.	19; 2014; at 11:55 a.m., in	*	conduct at least three weekly observation audits of the din room practice of application clothing protectors to assure residents are asked if they de the use of the clothing protectors to assure the use of the clothing protector. The observation audit will occur weekly for 4 weeks then mon for 3 months. The nurse	y ing of sire ctors, cur thly	
[20	014, at 12:04 p.m., i	etary Manager on May 19, in the dining room, v Manager did not ask the		management team will submi audit results to the director of nursing each week.	t the f	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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CTAXELLE!	TO FOR MEDICARE	& MEDICAID SERVICES				0. 0938-0391
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SS=D	resident if the resident protector and did no placing the clothing 483.20(k)(3)(i) SERY PROFESSIONAL STATE SERVICES PROFESSIONAL STATE SERVICES PROVIDENT This REQUIREMENT by: Based on medical reand interview, the fact physician's orders for medication for one (#residents.) The findings included Resident #72 was readecember 18, 2012, visited to the resident protection of the resident protection	ent wanted a clothing t address the resident while protector. VICES PROVIDED MEET FANDARDS ed or arranged by the facility hal standards of quality. T is not met as evidenced ecord review, observation, bility failed to follow r administration of F72) of thirty-seven sampled i: edmitted to the facility on with diagnoses including Parapledia, Diabetes	F 26	4. The director of nursing will the results of the audit to to Quality Assurance Perform	the ance nittee irector, least monthly. view the ssary by the and/or liance is	4/25 H4

Medical record review of the physician's orders

dated May 2014, revealed, "Saline Nasal 0.65% -Spray bid (twice daily) two sprays both nostrils."

Observation of the medication pass and interview

administer Saline Nasat 0.65% Spray, ordered by the physician and listed on the Medication

LPN #1 outside of the resident's room, confirmed

on May 20, 2014, at 8:45 a.m., revealed the

Administration Record (MAR). Interview with

the nasal spray was not administered because the medication was not on the cart and was

Licensed Practical Nurse (LPN) #1 did not

F281

1. The nurse offered the resident the

saline nasal spray immediately.

The physician was notified and

2. All residents who are able to self-

were reviewed by the nursing

management staff for proper documentation on 5/20/14.

discontinued the saline nasal spray.

administer medication in any form 🗟

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	interview revealed to been assessed to so Continued interview given medication to Further interview condocumented on the given May 11, 2014, resident administer Medical record review Administration Record revealed the medical as given twice daily interview with the resident had not "some while" and had medication for the medication for the medication for the medication for the second interview with the resident had not "some while" and had medication for the medication for the medication for the medication for the second interview with the resident had not "some while" and had medication for the	resident's room. Further he resident was alert and had elf administer medications. confirmed the nurse had the resident on May 11, 2014. Infirmed the LPN had MAR the medication was but had not observed the the drug. We of the Medication rd (MAR) for May 2014, at the month of May. Sident, on May 20, 2014, at dent's room, with the Nursing (ADON), revealed received the medication for d not received the onth of May 2014.	F 2	281	3. An educational in-service we provided to the licensed standard management staff of 05/20/2014 regarding the documentation and the apposition of the self-administration depolicy. Audits of the self-administration assessment of residents and compliance of nursing staff with the dose to documentation will be conducted by the nurse managers at lease weekly for four weeks then for 3 months. The nurse management team will submandit results to the director nursing each week. The director of nursing will standard management to the quality Assurance Performance of the sudit to the quality Assurance Performance of the sudit of the quality Assurance of the sudit of the quality Assurance of the sudit of the quality Assurance of the sudit of the quality of the sudit of the quality assurance of the sudit of the quality of the sudit of the sudi	aff by on olication rug of f the by dos lucted ast on montil mit the of	on se l cce hly	

administered.

confirmed when the LPN had worked the hall, the

nurse had documented the medication as being

South/West Nursing Station, on May 21, 2014, at 8:30 a.m., revealed the resident was alert and

given without observing-the medication

had been approved for self-administration of

the resident's room at the "first of the month." Continued interview confirmed the RN had signed

and had not seen the medication

medications. Continued interview revealed RN

#1 placed a bottle of Saline Nasal 0.65% Spray in

the MAR "several times" as the medication given

Interview with RN Supervisor #1, at the

Quality Assurance Performance

Improvement (QAPI) Committee

director of nursing, and at least three other staff members monthly.

consisting of the medical director,

The QAPI committee will review the

results and if deemed necessary by

education may be provided: the

the audits reviewed for three

process evaluated/revised and/or

months or until 100% compliance is

achieved. The Administrator will

the committee, additional

06/11/2014 12:18 423875: DEPARTMENT OF HEALTH AND H CENTERS FOR MEDICARE & MED	2961 UMAN SERVICES ICAID SERVICES	LCCRI		PAGE 06/ FORM APP	PROVEC
STATEMENT OF DEFICIENCIES (X1) PRO	VIDER/SUPPLIER/CLIA ITIFICATION NUMBER:		PLE CONSTRUCTION G	OMB NO. 09: (X3) DATE SU COMPLET	RVEY
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F 281 Continued From page 3 self-administered. 483.35(i) FOOD PROCURE STORE/PREPARE/SERVE The facility must - (1) Procure food from source considered satisfactory by Fe authorities; and (2) Store, prepare, distribute under sanitary conditions	SANITARY es approved or ederal, State or local	F 28	continued compliance.	6]2	25[14
This REQUIREMENT is not by: Based on observation, review and interview, the facility faile of one of seven staff member maintain sanitary equipment in preparation area; and failed to one walk-in coolers in the diel and failed to cover food during four of four wings. The findings included: Observation on May 10, 2014	v of facility policy, d to contain the hair s observed; failed to n the food p label food in one of ary department; tray service for		compliance. 3. An educational in-service was provided on 06/09/14 regarding the policy and procedures on how to store, prepare, distribute and serve food to the dietary staff by the dietary director and executive chef. Daily inspection audits of the dietary department regarding the policies and procedures will		

riet.

Observation on May 19, 2014, at 10:15 a.m., in the dietary department, revealed one employee in

the dishwashing area wearing a visor, but no hair

Observation on May 19, 2014, from 10:15 a.m. to 10:44 a.m., revealed the can opener blade and

gears soiled with black debris, a water pan in the

base of the bread warmer with a thick coating of

light brown film and debris in the base of the pan;

review.

be conducted at least 5 times

weekly, for one month, then at

least monthly for three months by the clinical dietician and/or

audit results will be given to the

the registered dietician. The

executive director daily for

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FC	DRM.	APPR	OVE
OMB	NO.	0938	-n:30

STA	ĴÉMEN	IT OF DEFICIENCIES	WAY BEST TO SERVICES				OME	NO. 0938-03
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		and a scoop stored container atop the fil revealed the stand-tupper grill soiled with debris. Continued observation revealed a full pan one eye steaks, unlabeled use; and two trays coups uncovered, unlabeled a five pound available for use. Convealed a five pound cheese opened, underevised January 2007 Nutrition Services Associated all equipment deaneddirector of the schedule to ensure the confirmed all foods we have coverings were to openers, mixers, and warmer were to be keine stored inside the bits of the stored inside the stored inside the bits of the s	inside the bulk flour storage our. Continued observation our. Continued observation on the prizer splash plate and in hard white and brown on in the walk in cooler ontaining fifteen uncooked ribid and undated, available for ontaining twenty seven fruit abeled and undated, and ontinued observation of plastic bag of shredded ated, and available for use. policy Associate Conduct of the continued observation of plastic bag of shredded ated, and available for use. policy Associate Conduct of the continued observation of plastic bag of shredded and areas to be and areas to be and areas to be unutrition servicesmonitors source tasks are completed" tary Manager on May 19, on the dietary department, are to be labeled and dated; be worn at all times: all	F 37		4. The executive director wisubmit the audit results to quality assurance commit consisting of the medical director, the director of mand at least three other stomembers monthly, for fur recommendations, if need the executive director will monitor this process to encontinued compliance.	o the itee, ursing taff ther ded.	6/25/14
		Observation on May 19 2:30-1:00 p.m., during ays to the residents o	9 and 20, 2014, from g the distribution of lunch in four of four of the facility					

wings observed, revealed uncovered desserts and side dishes on the residents' meal trays.

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AND PLA	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	(X3) DA	(X3) DATE SURVEY COMPLETED	
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	OF PROVIDER OR SUPPLIER CARE CENTER OF RED			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 RUNYAN DR CHATTANOOGA, TN 37405	<u>l Us</u>	5/2 <u>1/2014</u>	
(X4) II PREFI TAG	REGULATORY OR 1	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT	I D RE	(X5) COMPLETIO DATE	
F 37	71 Continued From pa Continued observativere distributed fro	age 5 Ition revealed the meal trays on the tray cart to the resident	F 37				
	Interview with Certif #5 on May 19, 2014 hallway, confirmed cups were distribute uncovered.	fied Nursing Assistant (CNA) 4, at 12:43 p.m., in the South the pecan pie and the fruit ed to the resident rooms					
	Interview with the Dine at 8:10 a.m., confirm the desserts or the sidestribution.	ietary Manager and Clinical ning room, on May 21, 2014, ned the facility did not cover side dishes during meal		F 372 1. The area around the dumpster was immediately cleaned by the maintenance staff. 2. No other area was affected.			
F 372 SS=C	PROPERLY The facility must disp properly. This REQUIREMENT by: Based on observation failed to maintain san	oose of garbage and refuse T is not met as evidenced on and interview, the facility hitary conditions for two of garbage dumpster area.	F 372	3. An educational in-service was given to the dietary and housekeeping staff by the executive director regarding keeping the area around the dumpster clean. A daily observation audit will be conducted by the director of housekeeping for one month, then at least monthly for three months			
	Observation on May 1	19, 2014, at 2:30 p.m., in the		to ensure compliance. Audit results will be given to the executive director weekly for review			

06/11/2014 12:18 4238752961 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 372	revealed multiple us medication dispensit ground throughout it observation revealed ground beside the dispensit with the Dispensit with the Dispensit with the Dispensit with the Waste inside the dumpsters maintain sanitary conditions of the Waste inside the dumpsters maintain sanitary conditions.	sed latex gloves and ing cups scattered on the the dumpster area. Continued a plastic urinal on the	. ,	4. The executive director will submit the audit results to the quality assurance committee, consisting of the medical director, the director of nursing and at least three other staff members monthly, for further recommendations, if needed. The executive director will monitor this process to ensure	
SS=F	SPREAD, LINENS The facility must esta Infection Control Program, sanitary and control help prevent the desof disease and infection Control F. The facility must estain Program under which (1) Investigates, control in the facility; (2) Decides what program under which (3) Maintains a record actions related to infection (b) Preventing Spread (1) When the Infection determines that a residence of the resident, in the spread of isolate the resident.	ablish and maintain an agram designed to provide a comfortable environment and development and transmission tion. Program ablish an infection Control it - crols, and prevents infections cedures, such as isolation, an individual resident; and dof incidents and corrective ections. If of Infection and Control infection in Control Program ident needs isolation to infection, the facility must		F 441 1. The CNA's immediately sanith hands and the hospice nurse informed of the isolation prothe nursing management staboxes of clean gloves and role trash bags were removed from the scales were climmediately by nursing staff, chest was removed from the	e was ocedures by off. The lls of clean om the linen cleaned . The ice
		rohibit employees with a	•	area immediately by the diet	

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DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					: 05/30/2014
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			 -	<u> </u>	DEFICIENCY) -		<u></u>
F 441	Continued From page	ge 7	F4	41	2. During the survey all other ha	nd	l
	communicable disea	ase or infected skin lesions	' '	7,	washing observations were fo	und to be	1
	from direct contact v	With residents or their food if	}	-	in compliance and all other is	nlation	
	direct contact will tra	insmit the disease,			rooms were being properly ut	ilizad	
	hands after each die	require staff to wash their ect resident contact for which	-	ŀ	Linen carts were inspected an	ditoma	
	hand washing is indi	cated by accepted		i	removed by the nursing mana	a iretii2	
professional practice.	9.			staff during the survey. No oth	Rement	İ	
	(c) Linens		ŀ		were affected. All other ice ch	iei scales	
-	Personnel must handle, store, process and			l	were in compliance.	est use	
i I	transport linens so a infection.	s to prevent the spread of			Educational In-services were of	ı anducted	
i	mischoff,		Í	-	to staff on 06/02/2014 regard		
ļ				-	hand washing policy and proce	riura tha	
	This DEOLHDERS				policy and procedure for isolat	ion	' .
i	py:	T is not met as evidenced		İ	rooms, clean linen storage, be		j
!	Based on observation	n, interview, medical record	•		cleaning and ice machines by t	he he	
İ	review, review of taci	lity policy, and review of		-	nursing management staff. At		
Į.	personnel files, the fa	Cility failed to sanitize the		-	hand washing observation aud		
[three hallways; failed	the meal trays for three of			isolation rooms audits, clean li		
1	procedures were folk	wed for one room with two		Ì	storage, bed scale cleaning aud		
1.	residents (#30 and #80) of thirteen isolation rooms observed; failed to properly store clean linen on four of four halls; failed to provide sanitary: storage of linens in one of two linen storage closets; failed to ensure one of two bed scales were clean; and failed to ensure one of				be conducted by the nursing	(162 AA11)	1
				İ	management team weekly for	4 weeks	ł
					then monthly for three months	The	
1:			•		results of the audits will be rep	ortéd to	
] {				-	the director of nursing weekly.	orteu tu	
	one ice chest was not lining room.	contaminated in the main	•	Ì	•		
i`	aning room.	ļ		4	The director of nursing will sub	mit the	1
1	The findings included:	: - [results of the audit to the Qual	ty	1
	36			-	Assurance Performance Improv	ement	
1	poservation on May 1 he North hallway, say	9, 2014, at 12:30 p.m., in			(QAPI) Committee consisting of	the	. •
•	he North hallway, rev	ealed the following:		1	medical director, director of nu	rsing,	

Certified Nursing Assistant (CNA) #1 was passing meal trays to the residents in their rooms.

and at least three other staff members monthly. The QAPI committee will

06/11/2014	12:18	4238752961	LOCRE	}	PAGE	11/33
DEPARTMENT O	E HEALTH	AND HUMAN SERVICES				J: U5/30/2014
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Continue a meal tr #214. Co took the overbed exited the hands. Continue a meal tr clothing p the food t CNA #1 p resident v at the bac continued the lids of and used bread on	ay from the entinued obstray into the table, assist room with a observation of the corotector, are tray. Continuities of the country of the food if the knife to the meal tray observation observation observation.	on revealed CNA #1 removed food cart and entered room servation revealed CNA #1 room and placed it on the ted with the meal set-up, and out cleansing or washing the on revealed CNA #1 removed food cart, gathered and entered room #219 with used observation revealed lothing protector on the ing in the bed, and secured it sident's neck. CNA #1 tray set up to include taking tems, picked up the utensils, is spread the butter on the	F 441	review the results and if deemed necessary by the committee, additeducation may be provided: the pevaluated/revised and/or the auditeviewed for three months or unti 100% compliance is achieved. The administrator will monitor the proto assure continued compliance.	rocess its	6[25]ff

hands.

Continued observation revealed CNA #1 removed a food tray from the food cart and took it into room #218. Observation revealed CNA#1-entered the room without cleansing or sanitizing the hands; removed the call light from the resident's bed and placed it on the bedside table; pulled the over bed table toward the resident and placed the tray on the table; removed the lids from the drinks, opened the salt and pepper packets and sprinkled the condiments on the food. Continued observation revealed CNA #1 exited the room without cleansing or sanitizing the

Interview with CNA #1 in the North hallway on

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l .	OVIDER OR SUPPLIER CENTER OF RED	BANK		STREET ADDRESS, CITY, STATE, ZIF 1020 RUNYAN DR CHATTANOOGA, TN 37405	CODE	05	121/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD IE APPROPR	BE	(X5) COMPLETION DATE
M w ar O ha Cl Cc th th str str in #7 wh res	ere not cleansed of a setting up meal bservation on May allway at 12:28 p.m. NA #7 entered roo ontinued observation and tray for the elids from the wrap raw with ungloved the juice. Further adjusted the resident; moved the sident; and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and while helids and setting and while helids and setting and while helids and setting and while helids and setting and while helids are setting and while helids are setting and while helids are setting and while helids are setting and while helids are setting and setting and setting are setting and setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting and setting are setting are setting and setting are settin	04 p.m., confirmed the hands or sanitized between delivering trays for the residents. 7 20, 2014, in the North or revealed the following: m #216 with the meal tray. ion revealed CNA #7 set up resident, including removing the per, CNA #7 touched the hands and placed the straw observation revealed CNA dent's left foot in the he over bed table toward the holding the cup and securing incloved hand, offered the	F 44				
Jul Tra He Dis Dis Me ord Isol Lac	tober 3, 2008, and y 12, 2013, with diet Infection, Eschart Failure, Urinary order, Multiple My ease	v of the Physician admission, 2014, revealed, "Contact xtended Spectrum Beta" 19, 2014, at 12:52 p.m. in revealed Hospice Nurse #1				-	
ass	essed the residen listened to the res	room, wore gloves and it's skin, obtained vital signs, sident's heart and lung sident's bedside. Continued					

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RINTED:	05/30/2014
FORM A	APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES							MAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DA). 0938-0391 TE SURVEY MPLETED
		445240	B. WING	\$		1	
NAME OF	PROVIDER OR SUPPLIER		~! <u>~~</u>	ST	REST ADDRESS, CITY, STATE, ZIP CODE		/21/2014
LIEFOA	, DE 050750 00 000						
LIFE CA	RE CENTER OF RED	BANK		l .	20 RUNYAN DR		
0/4/10	Company			CI	HATTANOOGA, TN 37405		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ıx .	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY).	IDRE	COMPLETION CATE
F 441	Continued Francis					_	
1 79-71	Parison Light ba	ge 10	F4	141			1
	observation reveale	d the resident's room was					1
	i designated by a sign	n and equipment as an	}		•		
	isolation room. Cor	Itinued observation revealed	İ				1
	the Hospice Nurse t	was not wearing a	1				f I
	i gow⊓/protective app	Parel as appropriate for a			•		
:	resident on contact.	isolation.	Í				
			ļ		•		f
j	Resident #80 was a	dmitted to the facility on	1	ļ			1 [
	March 2, 2007, and readmitted to the facility on January 9, 2014, with diagnoses including Urinary			1			[[
ľ						•	}
- 1	Tract Infection, Esch	nerichia Coli, Dysphagia,		- }			
ļ	Diabetes, Hypertension, Toxic Encephalopathy,						!!
i	Sepsis, Methicillin R	esistant Staphylococcus					1
	Aureus, and Depres	elve Disordes		İ			
- 1	. E. OGO, and Depres	sive Disorder,					! !
	"Contact Isolation-	ESBL (Extended Spectrum		İ			
[Beta Lactemases)'	•					[
	Observation on May	10 2014 - 140-50		- [Ì	
	the resident's room.	19, 2014, at 12:52 p.m., in		-			1
	are resident à 100111, i	revealed Hospice Nurse #1		- 1		.]	ļ
]]	westing alouan Eustie Westing alouan Eustie	30's roommate (resident #30)			•		
Į,	Weshing gloves, Funt Hospico Nurse #4	ner observation revealed				j	1
1	hands and placed etc	moved gloves from the		j		İ	
	room, -Continued ab-	oves in the trash can in the				!	1
	мисса #d .w==t t= 85 .	servation revealed Hospice		┤.		}	[
į į	Note that went to the	right side foot of resident		ļ	·	†	.]
- 12	rous dea with the un	gloved hands and touched		i	•	}	1
1.	rie sneets on the res	ident's bed, repeatedly,		ļ	•	i	
1.	while talking with resident #80's family member in				·		
, ,	the room. Further observation revealed Hospice			ł			
ļ ľ	Nurse #1 placed both	hands in lacket pockets		ļ	•		1
Įν	virule standing at the t	foot of the bed. Continued.		1			
; 0	observation revealed	Hospice Nurse #1 entèred		ļ	•		٠ ا
¦ ta	ne bainroom of the re	⊇sident's room, then wentl_		i		1	,
1 11	nto the hallway. Furti	her observation revealed		1		}	ĺ
t t	he resident's room w	as designated by a sign and []		1	
e	quipment as an isola	ition room. Continued		Ì		}	1
N CNE SERT						į	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				CONSTRUCTION	(X3)	NO. 0938-038 DATE SURVEY COMPLETED		
		445240	B. WING			<u> </u>		05/21/2014
	PROVIDER OR SUPPLIER			1020	ET ADDRESS, O RUNYAN DR TTANOOGA,	CITY, STATE, ZIP	CODE	33 <u>2 1720 14</u>
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDE (EACH COR	ER'S PLAN OF CO	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	Continued From parabete observation revealed wearing gloves and required, for a residence of the facility precautions and iso 7/18/2011, revealed precautions are used precautions for residence of infectious placed on appropriate precautions until the orthe criteria for resident met Isolation implemented to preve from resident to resifrom health-care wouthe success of these of the proper equipmentaining of those who gloves-change gloves material. Gowns/proinfectious material is Review of the facility revealed "2.7 Qualification control guid Occupational Safety and the Centers for Ereview of the Official Review of the Official	ed the hospice nurse was not a gown/protective apparel, as dent on contact isolation. y's Transmission-based plation procedures last revised in addition to standard dents with suspected or a conditions. Residents are ste transmission-based a condition has been ruled out moval from isolation have procedures may be used to health-care worker or riker to resident Central to be procedures is the selection ment and the adequate of use it Contact precautions as after contact with infectious tective apparel-if contact with anticipated" 's Hospice Agreement iffications of personnel have it will be provided with the and and supplies to meet lelines issued by the and Health Administration Disease Control"	F 4	41		DEFICIENCY		
 	#1 revealed Hospice on infection control, h standard precautions	Nurse #1 received training nand hygiene, bloodborne, airborne/contact/droplet sonal protective equipment						

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				MAPPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1)		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) D	O. 0938- <u>0</u> 39 ATE SURVEY OMPLETED	
		445240	8. WING	-		
NAME OF	PROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, 216		5/21/20 <u>14</u>
LIFE CA	RE CENTER OF RED	BANK		1020 RUNYAN DR CHATTANOOGA, TN 37405	CODE	
(X4) ID PREFIX TAG) (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE RRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 441	2014, at 12:54 p.m. resident's room, cor personal protective interview confirmed contact isolation pre Interview with the As May 20, 2014, at 10 services office, confaware of the contact Continued interview failed to follow the fa	ice Nurse #1 on May 19, in the hallway outside the nirmed the nurse failed to use equipment. Continued the nurse failed to follow ecautions per facility policy. Issistant Director of Nursing on 23 a.m., in the social irmed the hospice nurse was a isolation policy's procedures. Confirmed the Hospice Nurse isolation solution precautions.	· F 44			
j	11:00 a.m., and May revealed an enclose a roll of garbage bac	lorth hall on May 19, 2014, at 20, 2014, at 20, 2014, at 8:00 a.m., d clean linen cart containing is and a box of gloves stored at a stacks of clean linens.	•			
	11:30 a.m., and May revealed a clean line white and blue bags,	ast hall on May 19, 2014, at 20, 2014, at 8:15 a.m., n cart with a box of gloves, perineal cleansers, and a nt briefs stored on and in of the clean linen.		-		
.	Observation of the W 8:35 a.m., revealed a	est hall on May 20, 2014, at linen cart containing a box and blue bags stored on				
1 8	at 8:40 a.m., revealed and blue bags stored	outh hall, on May 20, 2014, if boxes of gloves, and white on and with the linens.	ļ		-	
S	evealed, "All clean	on date of May 21, 2014, linens should be stored and				
(M CMS-2567	(02:99) Previous Versions Ob	solete Event ID: FL 2P11	F	NIN ID: TN2200	 -	

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FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES								M APPROVED 0. 0938-0391
TO PROTECTION OF THE PROPERTY		1	PLE CONSTRUC	-	(X3) DATE SURVEY COMPLETED			
445240		B. WING_					-1-11	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRE	SS, CITY, STATE	ZIP CODE	1 0	5/21/2014
LIFE CA	RE CENTER OF RED	BANK		1020 RUNYAN CHATTANOO	DR			
(X4) ID PREFIX TAG	FIX (FACH DECICIENCY MUST BE DOCUMENT BY		ID PREFIX TAG	PRO (EACH	VIDER'S PLAN (CORRECTIVE A REFERENCED TO	OF CORRECTI	DBE	(XS) COMPLETION DATE
F 441	Continued From pa	ge 13 red carts used exclusively for	F 44	1	•			
	this purpose"	red carts used exclusively for						
,	linen cart, on May 2 Licensed Practical I	vation of the North hall clean 1, 2014, at 8:50 a.m., with Nurse (LPN) #6, confirmed the ed in a sanitary manner.					•	
	on the South hall on with Certified Nursin	vation of the clean linen cart May 21, 2014, at 8:56 a.m., og Assistant (CNA) #2, were not stored in a sanitary					٠	
ĺ	May 21, 2014, at 9:0 confirmed the items	vation on the East hall, on 00 a.m., with CNA#1, on the clean linen cart were ut should probably not be."						
	May 21, 2014, at 9:1 Coordinator, confirm	ed the items were not to be		·				
	Assistant Director of Coordinator, in the S	2014, at 2:00 p.m., with the Nursing/Infection Control coial Services office, failed to maintain clean linen		· ·				
i i	ne Νοπη East hall, re	19, 2014, at 10:15 a.m., on evealed a linen closet with shelves and packages of n the closet.	:		•			
ļo	оп Мау 19, 2014, at 1	ed Practical Nurse (LPN) #7 0:15 a.m., at the North East rmed the packages of			·		ļ	

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<u>CÉN</u>	TERS FOR MEDICAR	E & MEDICAID SERVICES				FORM	I APPROVE			
IONALEM	ENT OF DEPICIENCIES	TOF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD			(X3) DATE SURVEY COMPLETED					
		445240	B. WING							
NAME	OF PROVIDER OR SUPPLIER			- s	TREET ADDRESS, CITY, STATE, ZIP CODE	05/	21/2014			
LIFE	CARE CENTER OF RED	BANK			020 RUNYAN DR					
					CHATTANOOGA, TN 37405					
(X4) JI PREFI	X (LACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	םו _		PROVIDER'S PLAN OF CORRECTIO		(75)			
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) PE	(X5) COMPLETIQI DATE			
F 44	1 Continued From pa	ngo 14								
	a a sum a control ba	stored in the closet and the	F 44	41		,				
	linen was uncovere	d.	İ							
	{									
	the North hallway	y 19, 2014, at 10:20 a.m., in evealed a bed scale stored in								
	the hallway with the]			ĺ					
	debris.	and similar and		- [•	ĺ				
	Interview with the LI	PN #7 on May 19, 2014, at		.		!				
	I 10.20 a.m., In the N				.					
	bed scale was soile	d with dust and debris.	ļ							
	Observation on May	/ 19, 2014, at 12:05 n.m. in								
	with ice. Continued	n, revealed an ice chest filled observation revealed one								
	Visitor opened the ic	e chest, held a necessar				-				
	yeass over the ice in	the ice chest scooped ice in	1			ļ				
	Time hersonal glass, s	and touched the glass with ess. Further observation				1				
	I revealed one tesidel	it entered the dining room	1	[İ				
	tand ment to the ice of	thest, opened the ice cheet								
	j and removed ice, sci	poped ice in a nersonal class.								
	while holding the glast touching the glass wi	th the scoop in the process	İ		•	ſ				
	! Opservation tevesies	neither person washed	ĺ	F	514	.				
	their hands.									
	Interview with the Die	etary Manager on May 22,	:. *	1.	. The nurse offered the resident th	e				
	2014, at 1:10 p.m., jn	the main dining room		[saline nasal spray immediately.					
	i confirmed the ice che	st was accessible to anyone	-		The physician was notified and					
	and confirmed it was residents without mor contamination.	used by visitors and nitoring if use resulted in	-		discontinued the saline nasal spra	- 1	i			
F 514	483.75(I)(1) RES			2.	i Taragues into the the for 2011-		ŀ			
SS=D	RECORDS-COMPLE	TE/ACCURATE/ACCESSIB	F 514		administer medication in any form	n j	ļ			
ļ	LE				were reviewed for proper		[
·	The facility must main	toio dinical	İ		documentation in the clinical reco	,				
	identy must main	tain clinical records on each			by the nursing management staff		İ			

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CENTE	RS FOR MEDICARD	AND HUMAN SERVICES				PRIN	TED: 05/30/2014 ORMAPPROVED
STATEMEN	TOF DESIGNATIONS	& MEDICAID SERVICES				OMB	NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				OMPLETED	
11015 05		445240	B. WING	3			05/04/0044
NAME OF	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE	ZIP CODE	05/21/2014
LIFE CA	RE CENTER OF RED	BANK		1	020 RUNYAN DR SHATTANOOGA, TN 3740		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	-				
PREFIX TAG	I (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	., .	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEPICIE	CTION SHOULD BE O THE APPROPRIATI	(X5) COMPLETION E - DATE
F 514	A	<u>-</u>	_	<u> </u>	3. An educational in se	ervice was	
F 314	Tompour tom pag		F:	514			1
	resident in accordar	nce with accepted professional			regarding the docur		į i
	Scourately documen	ices that are complete; ited; readily accessible; and			the application of th]
	systematically organ	nice, readily accessible, and			administration polic		.
		İ			management staff.	Audits of the	5
	The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any				self-administration		
				i	residents and comp		ļ
ł							
Ì	preadmission screening conducted by the State				nursing staff with th	e dose by dose	
1	and progress notes.	nd progress notes.			documentation will		i
ļ	This REQUIREMENT is not met as evidenced				by the nurse manage		
				ļ	four weeks then mo		1 1
-	Dy:	1		- 1	months. The nurse n	nanagement	
	Based on medical re	ecord review, observation,			team will submit the		• -
	and interview, the fac record was accuratel	cility failed to ensure a clinical			the Director of nursi		
}	medication administr	ation for one (#72) of		- 14	The Director of Nurs	ing will submit	
-	thirty-seven sampled	residents.	•		the results of the au		
] -	The findings included	<u>!</u> :			Quality Assurance Pe	erformance	
[, -			Improvement (QAPI)	Committee	
[]	Resident #72 was rea	admitted to the facility on			consisting of the med	dical Director,	
	December 18, 2012, Decubitus Moss Hio	with diagnoses including Paraplegia, Diabetes,			director of nursing, a		İ
li	Morbid Obesity, and I	Rheumatoid Adhritic			three other staff mer	mbers monthly.	
		· •		1.	The QAPI committee		
_	Medical record review	of the physician's orders			results and if deemed		
] (iated May 2014, reve	aled, "Saline Nasatin 85%		1	the committee, addit		
1		two sprays both nostrils."			education may be pro		
(Observation of the me	edication pass and interview	•		process evaluated/re		
10	## May ∠U, ZU14, at 8	:45 a.m., revealed Licensed L.			the audits reviewed f		
į F	12¢ticai Nurse (LPN)	#1 did not administer			months or until 100%	•	Ì
, in	ialine Nasal 0.65% Ś hysician and listed or	pray, ordered by the			achieved. The admini		
i A	dministration Record	the Medication (MAR). Interview with		j		·	j ļ
ļ i	PN #1 outside of the	(white the man with the with t		1	monitor the process t	o assure	Į į

continued compliance.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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18	TATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				<u> — ОМВ ИС</u>	<u>). 0938-039</u>
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILT		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
	2124.F. OF		445240	B. WING	;_			1/04/2044
		PROVIDER OR SUPPLIER ARE CENTER OF RED	BANK	->	1 1	STREET ADDRESS, CITY, STATE, ZIP CO 1020 RUNYAN DR CHATTANOOGA, TN 37405	DDE I Da	<u>//21/2014</u>
.;	(X4) ID PREFIX TAG	! (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ix	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULOSE	COMPLETION DATE
	F 514	the nasal spray was the medication was "usually kept" in the interview revealed the been assessed to so Continued interview given medication to Further interview condocumented on the given May 11, 2014, resident administer to Medical record review Administration Record revealed the medical	not administered because not on the cart and was resident's room. Further he resident was alert and had elf administer medications. confirmed the nurse had the resident on May 11, 2014. Infirmed the LPN had MAR the medication was but had not observed the the drug.	FS	i14			
		Interview with the res 9:00 a.m., in the resi Assistant Director of	sident on May 20, 2014, at dent's room, with the Nursing (ADON), revealed received the medication for 1 not received the					
-		a.m., at the South/We Confirmed when the L	PN-had worked the hall, the			titus pooleen to <u>— een</u> .		
		5:30 a.m., revealed the field been approved for medications. Continution f1 placed a bottle of Some sident's room at	Dervisor #1, at the Station, on May 21, 2014, at the resident was alert and or self-administration of ed interview revealed RN Saline Nasal 0.65% Spray in the "first of the month."	, ·		•	-	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED	
		B. WING _		05/21/2014	
	PROVIDER OR SUPPLIER	BANK		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 RUNYAN DR CHATTANOOGA, TN 37405	1 00/21/2014
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	DISE COMPLETION
F 515	and had not seen the self-administered. If the medical record of accurate. 483.75(I)(2) RETEN CLINICAL RECORE Clinical records mustime required by statedate of discharge will self-administer.	mes" as the medication given e medication Further interview confirmed documentation was not TION OF RESIDENT OS It be retained for the period of the law, or five years from the then there is no requirement in	F 514		
	This REQUIREMENT by: Based on medical rethe facility failed to me record for one (#266 residents. The findings included Resident #266 was a November 8, 2013, winvolving unspecified Cerebral Palsy, Musc Depression. Medical record review issued a thirty day dis 18, 2013, due to non-discharged home from 20, 2013.	al age under State law. T is not met as evidenced ecord review and interview, raintain a medical electronic of thirty-seven sampled d: dmitted to the facility on with diagnoses of Care rehabilitation, Dysphagia, while Weakness, and we revealed the resident was scharge notice on December coverage of services, and in the facility on December of the electronic health		 The social services director provided a written statement an included back-up documentation such as all e-mail communication and discharge summary to complete the record on 5/20/14 All other medical records were in compliance. Audits of completed social service notes will be completed by the director of social services weekly for 4 weeks and monthly for three months to assure completed documentation is on file. The audiesults will be reported to the Director of Nursing weekly. 	es e

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA						OMB NO. 0938-039		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MՍԼի A. BՍԼԼՕՍ	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED				
į			445240	B. WING				
Į	NAME OF	PROVIDER OR SUPPLIER		.'	STREET ADDRESS, CITY, STATE, ZIP CODE	05	/21/2014	
ı	LIFE CA	RE CENTER OF RED	BANK	Ī	1020 RUNYAN DR			
ŀ	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	<u>, </u>	CHATTANOOGA, TN 37405			
	PREFIX TAG	1 (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	IDBE	(X5) COMPLETION • DATE	
	F 515	discharge notes, and notes from December 2013, were absent. Interview with the Sci-May 21, 2014, at 10: services office, configurations are records had be information technological transport of the coverable. Configuration of the coverable.	d all daily social services er 12, 2013, to December 20, ocial Services Director on 200 a.m., in the social rmed the documents were tronic health record, but seen lost, and per the facility gy department's report, were ntinued interview confirmed nic health record was not	F 51		ce tee ctor, st onthly, w the ry by	6 25 14	
						-		
			·	-				